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APPLICANTS

Marco Norma, Miami Beach, FL;

** CONTINUING DATA *****

none sss

** FOREIGN APPLICATIONS *****

none sss

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature	<i>sach</i>	<i>sss</i> Initials			

ADDRESS

Sanchezima and Associates, P.A.

Jesus Sanchezima, Esq.

235 S.W. Le Jeune Rd.

Miami , FL

33134

TITLE

Clitoris stimulator

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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